

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR THE APPROVED RELATIVE CAREGIVER (ARC) FUNDING OPTION PROGRAM (PART ONE)		COUNTY USE ONLY
INSTRUCTIONS: Please complete in ink all of the questions to the left of the heavy black line. If you need more space, attach another sheet of paper. Fill out this form for each eligible child/youth. If you need help filling out this form, please contact the child/youth's social worker or eligibility worker. A relative currently undergoing the county approval process may apply for the ARC Program. However, the ARC payment will not begin until the relative caregiver is approved, all other ARC requirements are met, and the application is fully executed.		COUNTY AND AGENCY
		DATE RECEIVED
		CASE NAME
		CASE NUMBER
1. Approved Relative Caregiver's Name		WORKER NAME AND NUMBER
Birthdate (Month, Day, Year)		
Phone ()		Verification <input type="checkbox"/> SSN <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible noncitizen <input type="checkbox"/> California residency Verification of Dependency Status <input type="checkbox"/> Dependency Order <input type="checkbox"/> Voluntary Placement Agreement _____ (end date) <input type="checkbox"/> FC 3 Verification of Federal Funding Status <input type="checkbox"/> Eligible for federal AFDC-FC <input type="checkbox"/> Ineligible for federal AFDC-FC <input type="checkbox"/> FC 3
Social Security Number		
2. Give us all the facts for this child/youth.		
Child/Youth's Name (First, Middle, Last)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address		
Birthdate (Month, Day, Year)		
Birthplace (City, State, Country)		
Social Security Number		
Citizen of U.S. A.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reside in the State of California? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Noncitizen Status		
Relationship of Child/Youth to the Relative Caregiver		
3. Is the child/youth currently receiving CalWORKs? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please list the CalWORKs Case No.: _____ and sign (below Part Two). (If you answer "Yes," you will not have to complete Part Two.) If "NO," you must complete Part Two, starting with #4, below.		Verification <input type="checkbox"/> Confirmed current CalWORKs recipient County: _____ Case No: _____
STATEMENT OF FACTS SUPPORTING CALWORKS ELIGIBILITY (PART TWO, ARC PROGRAM STATEMENT OF FACTS) NOTE: If you need help filling out this form, please contact the child/youth's social worker or eligibility worker.		Verification <input type="checkbox"/> FC 2
4. Does the child/youth have health insurance, including Medi-Cal? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If "YES," list policy number, company name, and name of policy: For Medi-Cal, list the Medi-Cal Case No.:		<input type="checkbox"/> Verification provided For Medi-Cal, relative caregiver chooses: <input type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input type="checkbox"/> FC 2

5. Does the child/youth get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Veterans Benefits, etc.

☐ YES ☐ NO
☐ I DON'T KNOW

☐ Verification provided

If "YES," complete below:

Income:

☐ Earned _____
☐ Unearned _____
☐ Exempt _____
☐ FC 2 _____

TYPE OF INCOME	AMOUNT (before deductions, if any)	WHEN	HOW OFTEN
	\$		

Will this income continue?

☐ YES ☐ NO
☐ I DON'T KNOW

If "NO," explain any known changes:

6. Does the child/youth own any property or have resources, such as: cash, land, vehicle, motorcycle, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items?

☐ YES ☐ NO
☐ I DON'T KNOW

☐ Verification provided

☐ Exempt

☐ FC 2

If "YES," complete below:

TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE
			\$
			\$

Total: _____

I have received and understand the Rights and Responsibilities (ARC 1A) document.

Initial here

CERTIFICATION

I understand that:

- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under state and federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting ARC benefits.
- I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

I declare under penalty of perjury under the laws of the State of California that the information contained on this Statement of Facts is true, correct, and complete to the best of my knowledge.

SIGNATURE OF APPROVED RELATIVE CAREGIVER

DATE

COUNTY USE ONLY

☐ INELIGIBLE (Reason)

NOTES:

☐ ELIGIBLE

Payment Authorization Date:

- ☐ CalWORKs Eligible
☐ ARC-only Eligible

Signature of County Worker

Date

Signature of Supervisor

Date